

Public Relations in the Practice of Allergy

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SUMMARY

Because allergists are in a fairly recently developed and not widely well understood specialty, they must give more than ordinary attention to good relations with the public and with other physicians.

They can help put their specialty in the proper light by:

1. Explaining rather than attempting to conceal, diagnosis and treatment of allergic disease to practitioners in other fields of medicine.

2. Acknowledging the referral of patients and giving the referring physician reports on the progress of each patient.

3. Explaining to patients the nature of allergic sensitivity, the procedures necessary for diagnosis, and the probability that cure will take a relatively long time and, hence, probably will be more costly than is treatment of simpler diseases.

4. Avoiding confusing patients by giving advice, based on faddist notions, which may conflict with more conventionally grounded information given by another physician.

5. Making certain that all members of the office staff have and exercise the ability to make patients feel good. Disruption of physician-patient and nurse-patient relationship by pecuniary considerations must be averted.

PUBLIC relations is that relationship or association which exists between any individual or organization and the public. Thus, public relations for the allergist cover the entire scope of his relationship with all segments of the population, both lay and medical.

Since allergy is one of the most recently developed specialties in the field of medicine, there is probably no other specialty which is more in need of a good, sound approach to public relations. This is true not only as it applies to the allergist's relations with his patients and the lay public, but also to his relations with other specialists and general practitioners.

Just as in all other branches of medicine, or indeed in any human endeavor which necessitates human relations of any kind, the art of making people feel good is quite as important to the successful

allergist as is medical knowledge, skill and training. In fact, this ability at times seems almost to overshadow true medical skill. Physicians found wanting in their technical approach to medicine may nevertheless be extremely successful in the art of medicine. On the other hand, a physician may have had excellent training and be possessed of great technical skill yet be unsuccessful in patient relations. Some physicians, like successful men in other fields, seem to possess inherently the ability to make others like and trust them. Such men are indeed fortunate. Human relations, or public relations, for these favored few are always successful. Instinctively, they generate in their patients a feeling of security, confidence and well-being. However, for the vast majority of physicians this art must be acquired and cultivated.

The profession of medicine is most often chosen because of a profound longing to help suffering humanity by healing its ills and binding its wounds. Such an urge is accompanied by a natural desire for affection and appreciation from the patient, and when such a response does not occur, the physician as well as the patient suffers from a feeling of frustration. When such a feeling exists, the doctor is not likely to achieve the best results, and the patient, baffled and dissatisfied with both the results and his relationship with the physician, is certain to look elsewhere for more satisfactory doctor-patient relations.

Ideal, or nearly ideal, patient relations can be attained by physicians as a whole, and allergists in particular, if sufficient thought is given to the problem and constant effort and care are exerted. Because allergy is such a new specialty, much misinformation has been and is still being disseminated both by the medical profession and by the lay public. Popular magazines constantly appear with articles about allergic disease which have been written by wholly unqualified persons. Many physicians in other specialties and in general practice either refuse to acknowledge, or fail to recognize, an allergic condition, or they treat it incorrectly with resultant dissatisfaction to both the patient and the physician. This builds up an unjust antagonism toward the science of allergy in the minds of both the patient and the physician. Some allergists, themselves, are in part to blame for such an unhappy situation. Within the specialty are physicians who do not wish to explain allergy to other practitioners but take the attitude that by keeping all this knowledge within their specialty they keep others out of the field. This is fallacious thinking, for by helping physicians in other fields to properly care for patients with mild

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allergic disease, good will for the entire specialty is built up and successful results are obtained which do much to impress upon the public the value and importance of this specialty. With antagonism absent, patients with severe and acute allergic disease will be referred to specialists.

In certain medical fields, such as surgery, for example, only limited cooperation and effort are required from the patient. The results depend almost entirely upon the skill of the surgeon; except for the period of convalescence the patient takes no active part in correcting his condition. This is not true with allergy, however. Patients with allergic disease must cooperate and cooperate if satisfactory results are to be attained. Consequently, the fullest possible explanation should be given to the patient concerning his condition, its cause, the treatment for it and the probable prognosis.

It is desirable that this explanation be not technical; the fewer the medical terms used, the clearer the explanation. A long discussion of allergy in difficult medical terms not only fails to enlighten the patient but may either frighten or bore him.

Since hyposensitization is a long and tedious process, requiring the fullest cooperation on the part of the patient, it is well to give him some idea of this at the first consultation. It is not wise to present the problem in such a frightening way that the patient becomes completely discouraged and decides that the cure is worse than the disease; but neither should such a rosy picture be painted as to give him the impression that a half-dozen office visits and the application of a few tests are all that will be required to eliminate the disease and make him feel entirely well again. He should be made to know that considerable testing is usually necessary and that injections may have to be taken for a fairly long period. On the other hand, he should be encouraged in regard to the ultimate outcome. Also, if the patient is suffering acutely from some allergic condition, nothing will so build his confidence in the allergist as the immediate, if temporary, relief which can be obtained from some of the antihistaminics.

It is very necessary to emphasize the importance of diet and avoidance of known allergens. Since it is in these matters that the patient's cooperation is of greatest assistance, these points should be stressed at the first consultation.

OFFICE PERSONNEL

It is of the greatest importance to choose office assistants who are not only capable but who also make the patients feel good. In the practice of allergy, which involves frequent office visits by the patient over a long period, it may not be possible or practical for the allergist to see the patient at every visit. As the nurse, rather than the physician, often deals with the patient, it is imperative not only that she be competent and well trained, but that she have, in pronounced degree, the ability to make people feel good. This is also true with regard to the receptionist, bookkeeper and secretary, whether all the jobs are done by one person or by several per-

sons. A surly, unpleasant or harsh telephone voice, for instance, can drive patients away before they even make the first appointment. A cheerful, friendly and interested telephone voice, on the other hand, establishes friendly relations at once.

Discussion of the cost of treatment at the patient's first visit is highly desirable. In this way misunderstandings are avoided and the basis is established for much happier relations throughout the entire period of treatment. This discussion may be between the doctor and the patient, or if a bookkeeper is employed, it may be desirable to have her assist with the financial arrangements.

An allergist should never himself press a patient for payment of an overdue bill; that is a task for someone not directly involved in the physician-patient relationship. If the physician or a nurse who deals with the patient clinically has to take action to collect a bill, the friendly patient relationship is disrupted and very often completely destroyed. The patient often discontinues treatment entirely, although in some instances he may go elsewhere. In either case, all or most of the effort expended has been fruitless both for the patient and the doctor. However, if there is a third person in the office who can handle the business side of the patient relations, the sympathetic and friendly association between the doctor and the nurse and the patient often remains undisturbed even when payment is made reluctantly.

In the matter of collections, the greatest of care must be exercised in order to maintain friendly relations. It is to be expected that the bookkeeper will be the recipient of all complaints, whether warranted or not, concerning bills. Firmness is necessary where financial matters are concerned, but this should be accompanied by an unfailing attitude of friendliness and helpfulness and a willingness to hear the patient out. When a patient is angered over a bill, whatever may be the reason, nothing so relieves his feeling of resentment as being able to tell the person whom he considers responsible just what he thinks about the whole matter. Many times his ruffled feelings can be soothed and he will leave the office feeling pretty good after all if he has been permitted to get the whole matter off his chest and has been met with friendliness and understanding, notwithstanding that he still has to pay the bill.

Better public relations can be established if the subject of allergy is better understood by the public. One way to reach the public is by accurate but non-technical articles in lay magazines and other publications. Also, when opportunity presents, it is well to give brief and interesting talks before various lay groups such as parent-teacher organizations, service clubs, breakfast clubs and the like. It also furthers friendly relations if the allergist affiliates himself with some good lay organization such as a service club. In this way he comes to know business men and men from the other professions in a friendly, informal way, and such associations go far to build confidence and respect for his specialty.

A large percentage of an allergist's practice will

naturally come from other physicians who refer their problem cases to him, and an excellent means of building good public relations is to acknowledge such referrals at once. A simple printed card on which the patient's name is added in the appropriate space can be used and should be mailed immediately following the first visit. After study of the patient has been completed a full report should be mailed to the referring physician, and if hyposensitization treatments are given in the allergist's office, progress reports should be forwarded from time to time. If the patient is returned to the referring physician for hyposensitization treatments, careful supervision should be maintained by the allergist. A satisfactory way to attain this end is to determine the maximum interval that is desirable between visits to the allergist's office and then supply just enough antigen to take care of the injections for that length of time. As the patient usually will return when the antigen supply is exhausted, supervision is maintained. The results thus obtained are far more satisfactory than they would be otherwise, and a feeling of good will is engendered for the allergist and for the specialty as a whole.

HELPING OTHER PHYSICIANS

It is no secret that other specialists and general practitioners are treating most patients with allergic disease in their own office. Such being the case, it is extremely foolish for an allergist to attempt to keep all special knowledge of treatment within his own specialty. Instead, he can render his specialty a real service by instructing other physicians in the rudiments of good practice in his field. This can be done by speaking, when invited to do so, before various medical groups such as meetings of other specialists, county medical society meetings, and hospital staff meetings. Allergists who can do so should also write articles for the various medical journals. Good will and friendliness for individual allergists, and so indirectly for the entire specialty, is generated by regular attendance at various medical meetings and a display of genuine interest in other physicians' problems and difficulties.

Physicians who do not specialize solely in the practice of allergy seldom wish to stock the necessary material for complete allergenic studies and hyposensitization treatments but content themselves with applying a few skin tests and injecting one or two stock antigens. Symptomatic treatment with the antihistamines frequently is used in conjunction with this treatment. In simple, uncomplicated cases of seasonal allergic rhinitis, urticaria and angio-neurotic edema, such care is often effective. However, when a patient has a more serious and complicated allergic disease, treatment of that kind is inadequate. Accurate information concerning allergic conditions actually encourages general practitioners or other specialists to refer such patients to allergists.

There is a growing tendency among allergists to go off on tangents and to emphasize certain etiological factors to such a degree that they lose sight

of the general field of allergy. This is especially true of allergists who wander into the field of psychosomatic therapy; they may have patients psycho-analyzed and then depend upon their particular brand of psychotherapy instead of relying upon the standard, proven techniques. Certain of these hybrid allergists have a mania for speaking before all sorts of medical and allied groups in order to plump for their particular notions. They have thus obtained national publicity which has been very detrimental to the specialty of allergy because the information thus disseminated both to physicians and to laymen is false in that it has given the idea that there is no need for study of more than a single facet of allergic disease, or for diagnosis and skin testing, and that hyposensitization treatments are wholly unnecessary. Any reputable allergist will agree that in many cases of allergic disease there is a psychogenic factor for which treatment should be given; but to blame the entire condition on this cause, and to treat only for that, is as fallacious as to treat all maladies wholly with prayer.

Recently the author referred a patient to another allergist because the patient wished to be sent to a physician close to his home. Complete information as to diagnosis and treatment was forwarded to the other allergist, together with specific antigens. Receipt of them was never in any way acknowledged. Later the patient reported that the physician criticized the author's method of diagnosis, refused to continue the recommended treatment, and failed to obtain satisfactory results. The patient's confidence in the efficacy of allergic treatment was completely destroyed.

Not long ago a patient who had gone to another allergist came to the author. She had bronchial asthma, allergic rhinitis, gastrointestinal allergic disease, migraine, and recurrent attacks of urticaria. Despite this history, skin tests with only a very few of the pollens and other inhalants had been carried out. The patient had never been questioned concerning food habits, and no food tests were applied. The allergist had told the patient that food had nothing to do with her condition and that, in his opinion, food was not a factor in allergic disease. When skin tests were applied by the author, very severe reaction to a number of common foods was noted. A food diary was kept and it was noted that symptoms developed after ingestion of certain foods. Sensitivity to a number of pollens and inhalants was noted also. The elimination of the allergenic foods, together with hyposensitization, cleared the allergic condition to such a degree that further medical supervision was unnecessary.

The allergist who adopts an attitude such as the foregoing causes patients to wonder how two physicians in the same specialty could give advice so diametrically opposed, which makes for bad feeling toward the entire specialty.

Allergists frequently observe patients with very severe allergic conditions, particularly asthma and allergic rhinitis, who state that they have been under the care of various physicians who have advised

against their consulting an allergist because it will do no good, or because the expense is prohibitive or because they will have to have injections for the rest of their lives. Such advice, often given by physicians who are respected in their particular fields, indicates a lack of good public relations on the part of allergists. It stems from failure to reach these physicians with accurate information as to the cause of allergic disease, the methods and length of treatment and the fact that the expense is not exorbitant.

Some allergists become panicky when new medical discoveries are made. There were many who felt that the specialty would cease to exist when the antihistamines appeared, and more were certain that the antibiotics would eliminate the specialty. Then, when cortisone and adrenocorticotrophic hormone was available the faint-hearted were positive that allergy, as a specialty, would soon be no more. It is quite true that in certain allergic conditions all of these new drugs are helpful, but no one of them is the final answer. No good allergist would fail to use these miracle drugs as a supplement to regular treatment, but they are only supplements and not magic

cure-alls. They do not eliminate the need for careful allergic studies and hyposensitization for permanent and satisfactory results.

Good public relations are of vital importance to the specialty of allergy, and every practitioner of the specialty should make the building of good will toward physicians in general, and the specialty in particular, a matter for personal concern. This may be accomplished by constantly improving relations with patients, with other members of the lay public and with physicians in other branches of medicine. A conservative approach to allergy along lines and with techniques which have been proven clinically creates confidence in the specialty on the part of the lay public and among other members of the profession alike. A radical, irresponsible approach destroys such confidence. Knowing that it grew out of a great need, allergists should have faith in their specialty. The science of allergy is no fly-by-night fad; it is one of the pillars of medicine, resting on the firm foundation of clinical experience.

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